

## **HOW TO FILE A PETITION FOR RECONSIDERATION**

To appeal a decision by a Workers' Compensation Referee, you must file a Petition for Reconsideration.

The Workers' Compensation Appeals Board (WCAB) that issued the decision must receive the petition within twenty (20) days from the date the decision was issued. If the Referee's decision was *mailed* to your residence in California, the WCAB must receive your petition within twenty-five (25) days. The date the decision was issued is located near the Referee's signature.

The five (5) reasons for appealing a Referee's decision are listed on the attached petition. Strike out items that do not apply in your case. Be sure to cover every item in the decision that you disagree with and include a full explanation. You may attach separate sheet(s) of paper if necessary.

Complete both pages of the petition. Follow the attached sample. Be sure to sign and date the form. Please note there are three signature lines.

Send the original petition to the WCAB that issued the decision and copies to all parties. Keep a copy for your records.

If you need help you may call an Information and Assistance Office. The local I&A phone numbers are listed on the back of this guide.

*The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.*

# WORKERS' COMPENSATION APPEALS BOARD

## DISTRICT OFFICES

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<b>ANAHEIM, 92801</b> 1661 N. Raymond Avenue, Ste. 200 Information & Assistance Unit	(714) 738-4038	<b>SALINAS, 93906</b> 1880 North Main Street, 1st Floor Information & Assistance Unit	(408) 443-3058
<b>BAKERSFIELD, 93309</b> 1800 30th Street, Rm.100 Information & Assistance Unit	(661) 395-2514	<b>SAN BERNARDINO, 92401-1888</b> 464 West Third Street, Ste. 239 Information & Assistance Unit	(909) 383-4522
<b>EUREKA, 95501-0421</b> 100 "H" Street, Rm. 201 Information & Assistance Unit	(707) 441-5723	<b>SAN DIEGO, 92101-3690</b> 1350 Front Street, Ste. 3012 Information & Assistance Unit	(619) 525-4589
<b>FRESNO, 93721-2280</b> 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit	(559) 445-5355	<b>SAN FRANCISCO (DISTRICT OFFICE), 94102</b> 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit	(415) 703-5020
<b>GOLETA, 93117</b> 6755 Hollister Avenue Information & Assistance Unit	(805) 968-4158	<b>SAN JOSE, 95113</b> 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit	(408) 277-1292
<b>GROVER BEACH, 93433-2261</b> 1562 Grand Avenue Information & Assistance Unit	(805) 481-3296	<b>SANTA ANA, 92701-4080</b> 28 Civic Center Plaza, Ste. 451 Information & Assistance Unit	(714) 558-4597
<b>LONG BEACH, 90802-4460</b> 300 Oceangate Street, 3 <sup>rd</sup> Floor Information & Assistance Unit	(562) 590-5240	<b>SANTA MONICA, 90405-5200</b> 2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit	(310) 452-1188
<b>LOS ANGELES, 90013</b> 340 West 4 <sup>th</sup> Street, 9 <sup>th</sup> Floor Information & Assistance Unit	(213) 576-7389	<b>SANTA ROSA, 95404</b> 50 "D" Street, Ste. 430 Information & Assistance Unit	(707) 576-2452
<b>OAKLAND, 94612</b> 1515 Clay Street, 6th Floor Information & Assistance Unit	(510) 622-2861	<b>STOCKTON, 95202-2314</b> 31 East Channel Street, Rm. 417 Information & Assistance Unit	(209) 948-7980
<b>POMONA, 91766</b> 435 W. Mission Blvd., Suite 300 Information & Assistance Unit	(909) 623-8568	<b>VAN NUYS, 91401-3373</b> 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit	(818) 901-5374
<b>REDDING, 96001-2796</b> 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	<b>VENTURA, 93003-6085</b> 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
<b>RIVERSIDE, 92501</b> 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	<b>WALNUT CREEK, 94598</b> 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
<b>SACRAMENTO, 95825</b> 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

**STATE OF CALIFORNIA**  
**Department of Industrial Relations**  
**Division of Workers' Compensation**  
**WORKERS' COMPENSATION APPEALS BOARD**

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**Case No.** *your WCAB case number*

vs.

*Applicant,*

*your employer and  
insurance company*

*Defendants)*

**Petition for  
Reconsideration**

A decision was filed in the above-entitled case on *date the referee's decision was issued* .

The *your name* is aggrieved by said decision and hereby petitions for reconsideration upon the following grounds: (strike out items not applicable)

1. By the order, decision or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

*Completely describe your disagreement with the referee's decision.*

*Be sure to include your reason(s) why the decision should be changed.*

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
*your signature*  
Petitioner

I, the undersigned, say that I am your name

I declare under penalty of perjury that the foregoing is true and correct.

your signature \_\_\_\_\_  
Petitioner

Copy mailed to: *List name and address of all parties involved in your case.*

Date of Mailing: *Date mailed*

DWC/WCAB FORM 45 (Page 2) (REV. 3-76)

**STATE OF CALIFORNIA**  
**Department of Industrial Relations**  
**Division of Workers' Compensation**  
**WORKERS' COMPENSATION APPEALS BOARD**

)  
) **Case No.**

vs.                      *Applicant,*)

**Petition for  
Reconsideration**

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*Defendants*)

A decision was filed in the above-entitled case on \_\_\_\_\_.

The \_\_\_\_\_ is aggrieved by said decision and hereby petitions for reconsideration upon the following grounds: (strike out items not applicable)

1. By the order, decision or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had; and that decision be made to give petitioner all the benefits to which he is entitled under the Labor Code of the State of California, including the relief requested herein.

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Petitioner

STATE OF CALIFORNIA )  
 )  
County of \_\_\_\_\_ ) vs.

I, the undersigned, say that I am \_\_\_\_\_

in the above-entitled action. I have read the foregoing petition for reconsideration and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe it to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 19\_\_\_\_ at \_\_\_\_\_ California.

\_\_\_\_\_  
Petitioner

NOTE: If verification is by attorney or officer of a corporation it must comply with Section 446 Code of Civil Procedure.)

Copy mailed to:  
Date of Mailing:

By: \_\_\_\_\_  
(Signature)